

**235.55****Non-Contract Infant Formulas****Overview****Introduction**

This policy describes how to handle requests for non-contract infant formulas.

**Formulas included**

All non-contract infant formulas require a prescription and medical documentation. Non-contract brands of infant formula include exempt infant formulas (formulas for infants with inborn errors of metabolism, low birth weight, or other unusual medical or dietary problems).

Note: See Policy 235.50 for more information about medical documentation requirements. See policy 235.56 for information on how to handle WIC-Eligible Nutritionals.

**Formulas requested for religious reasons**

Any iron-fortified non-contract routine infant formula may be authorized without medical documentation to meet religious eating patterns (e.g. kosher dietary laws). Documentation about this substitution for religious reasons must be made in the infant's electronic record.

Note: See Policy 235.40 for information about the kosher status of the primary contract infant formulas.

**Policy reference**

- WIC: Revisions in the WIC Food Packages; Final Rule

**In this policy**

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## **Authorizing Exempt Infant Formulas**

### **Introduction**

The process for authorizing an exempt infant formula involves obtaining a prescription along with other medical documentation and locating a vendor in the participant's community. The feeding history and medical diagnosis must indicate a need for the exempt infant formula.

### **Policy**

A CPA may authorize an exempt infant formulas from the state-approved list (i.e., the list of formulas visible in the data system).

If a formula is not on the list, the CPA must work with the State Office to complete the Iowa WIC Formula Approval Application. The application and the Iowa WIC Formula Issuance Guide can be found on the WIC web portal.

### **Length of authorizations**

Authorizations are based on the documentation from the prescribing authority.

### **Infant food packages with powder formula**

If the food package includes powder formula, the total reconstituted ounces per month is based on the infant's age and must provide:

- At least the full nutrition benefit defined as the minimum amount of reconstituted fluid ounces of liquid concentrate, but
- No more than the maximum monthly allowance for the physical form of the product.

See Policy 235.03 for the amounts of formula based on the infant's age.

### **Food packages for children**

If a child receives a food package with an exempt infant formula, the total reconstituted ounces per month cannot exceed 910 ounces.

### **Supplemental foods**

Medical documentation is required to authorize supplemental foods to:

- Any infant 6 months and older receiving an exempt infant formula, and
- Any child receiving an exempt infant formula.

A limited number of infants 6 months and older may have qualifying conditions that preclude them from consuming solid foods. When medical documentation is provided for the qualifying conditions, these infants can receive the amount of formula issued to infants who are 4 to 5 months old.

## Authorizing Exempt Infant Formulas, Continued

### Adequate documentation

If the prescription or medical documentation is adequate,

- Design the food package,
- Issue FIs, and
- Electronically file the medical documentation.

### Incomplete documentation

Follow this procedure to obtain complete documentation.

Step	Action
1	Design the food package and provide one month of FIs.
2	Determine the best way to obtain written documentation from the health care provider. Options include: <ul style="list-style-type: none"> <li>• Calling the provider.</li> <li>• Mailing or faxing a Special Formula Medical Documentation form to the provider.</li> <li>• Sending the form with the parent/guardian if an appointment is scheduled soon.</li> </ul>
3	<b>Work with the participant</b> to identify the vendor they will use. <ul style="list-style-type: none"> <li>• Call one of the Vendor Representatives for assistance if needed.</li> <li>• The vendor may be a regular vendor or a special purpose vendor based on product availability and potential need for Medicaid reimbursement for additional formula (see Policy 235.30).</li> </ul>
4	Follow-up with the provider as needed to obtain the written documentation or to clarify the prescription.
5	When adequate medical documentation is received, issue two more months of benefits and electronically file the documentation.

Note: See Policy 235.50 for more information about documentation requirements for information provided over the phone.

## **Authorizing Other Non-Contract Infant Formulas**

### **Policy**

Non-contract infant formulas will not be provided to WIC infants based solely on a health care provider's personal preference; the feeding history and medical diagnosis must indicate a need for the non-contract infant formula. Infants using a non-contract formula since birth must complete feeding trials of the primary contract infant formula.

### **Length of authorizations**

Authorizations of non-contract formulas are based on the documentation from the prescribing authority.

### **Infant food packages with powder formula**

If the food package includes powder formula, the total reconstituted ounces per month is based on the infant's age and must provide:

- At least the full nutrition benefit defined as the minimum amount of reconstituted fluid ounces of liquid concentrate, but
- No more than the maximum monthly allowance for the physical form of the product.

See Policy 235.03 for the amounts of formula based on the infant's age.

### **Adequate documentation**

If the prescription or medical documentation is adequate;

- Design the food package,
- Issue benefits, and
- Electronically file the medical documentation.

### **Incomplete documentation**

Follow the steps on the next page to obtain adequate documentation.

Step	Action
1	Describe the primary contract infant formulas.
2	Complete an infant feeding assessment to determine other potential feeding problems that could cause symptoms for formula intolerance (see page 6) and summarize pertinent information in a nutrition care plan.
3	Design the food package and provide one month of benefits.
4	Explain that medical documentation is required for more benefits.
5	<p>Determine the best way to communicate with the health care provider. Options include the following:</p> <ol style="list-style-type: none"> <li>1. Calling the health care provider from the WIC clinic to: <ul style="list-style-type: none"> <li>• Share results of the feeding assessment;</li> <li>• Discuss feeding history and trials, weight gain, symptoms and diagnosis, and other problems noted;</li> <li>• Explain the requirement and rationale for the infant formula cost containment contract;</li> <li>• Describe the primary contract and other formulas available;</li> <li>• Discuss the need for a feeding trial with an approved formula; and</li> <li>• Obtain the necessary medical documentation.</li> </ul> </li> <li>2. Mailing or faxing a Special Formula and Food Medical Documentation form.</li> <li>3. Sending the form with the parent/guardian if an appointment is scheduled soon.</li> </ol>
6	Follow-up with the provider as needed to obtain the written documentation or to clarify the prescription.
7	When adequate medical documentation is received, issue two more months of benefits and electronically file the documentation.

Notes:

- Calling the provider is strongly recommended when the results of the feeding assessment indicate other potential causes for the feeding problem and when the infant has not yet completed a feeding trial using primary contract or other approved formulas.
- Sending the form to the provider is appropriate when the feeding assessment indicates that the composition of the non-contract formula is consistent with the reported feeding problems.
- See Policy 235.50 for more information about documentation requirements for information provided over the phone.

## Infant Feeding Assessment

### Introduction

A competent professional authority (CPA) completes a feeding assessment to determine the infant's feeding history.

### Sample probing questions

A number of potential feeding problems could result in symptoms similar to those for formula intolerance. The sample questions in the table below will help CPAs assess other possible infant feeding problems or contributing factors.

Issue	Sample Questions	Follow-Up
Recent illness or fever	<p>Has the infant been sick or had a fever during the past week?</p> <p>Were the symptoms present before the infant became ill?</p>	If yes, look for other causes of intolerance.
Recent or current medications	<p>Has the infant been taking medications during the past week?</p> <p>Were the symptoms present before the medicine was started?</p>	If yes, look for other causes of intolerance.
Unsafe water supply	<p>Is the water used to prepare formula from a private well?</p> <p>Is the infant less than 3 months old?</p>	<p>If yes, recommend that the water be tested for bacteria and nitrate, and recommend an alternate clean water supply.</p> <p><u>Note:</u> See Policy 245.80 for information about water testing.</p>
Recent diet changes or additions	<p>Have any new foods or beverages been added to the infant's diet in the past several days?</p> <p>Has the infant had any reaction to new foods (e.g., diarrhea, rash, wheezing, and colic)?</p> <p>Is more than one new food introduced at the same time?</p>	If yes, discuss the guidelines with the parent or guardian.